

Infiltration/Filtration/Bioretention Practice
Inspection and Maintenance Checklist
for Long Term Maintenance of Post-Construction BMPs

Facility Name: _____

Location: _____

Inspector(s): _____

Date and Time of Inspection: _____

Party Responsible for Maintenance:

Contact:

Phone Number:

E-mail:

0 = Good condition. Well maintained, no action required.
1 = Moderate condition. Adequately maintained, routine maintenance needed.
2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.
3 = Serious condition. Immediate need for repair or replacement.

<i>Key Questions</i>		X	Comments
1. Type of facility (check all that apply)			
a. Infiltration	<input type="checkbox"/>		
b. Filtration	<input type="checkbox"/>		
c. Bioretention	<input type="checkbox"/>		
d. Extended detention (storage for Cpv, Qp, Qf)	<input type="checkbox"/>		
2. Facility location			
a. Surface	<input type="checkbox"/>		
b. Underground	<input type="checkbox"/>		
3. Filtration Media			
a. No filtration media (e.g. dry well)	<input type="checkbox"/>		
b. Sand	<input type="checkbox"/>		
c. Bioretention soil	<input type="checkbox"/>		
d. Peat	<input type="checkbox"/>		
e. Other	<input type="checkbox"/>		
4. Hydraulic configuration			
a. On-line facility	<input type="checkbox"/>		
b. Off-line facility	<input type="checkbox"/>		
5. Type of pretreatment facility			
a. Sediment forebay (above ground)	<input type="checkbox"/>		
b. Sedimentation chamber	<input type="checkbox"/>		
c. Grass channel	<input type="checkbox"/>		
d. Grass filter strip	<input type="checkbox"/>		
e. Plunge pool	<input type="checkbox"/>		
f. Stone diaphragm	<input type="checkbox"/>		
g. Other	<input type="checkbox"/>		Type of pretreatment facility:

<i>A. Contributing Drainage Area</i>							Comments
<input type="checkbox"/>	Inspected						
<input type="checkbox"/>	Not Inspected						
	Item						Comments
1.	Excessive trash/debris	0	1	2	3	N/A	
2.	Bare/exposed soil	0	1	2	3	N/A	

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3.	Evidence of erosion	0	1	2	3	N/A
4.	Excessive landscape waste/yard clippings	0	1	2	3	N/A

B. Pretreatment

<input type="checkbox"/>	Inspected
<input type="checkbox"/>	Not Inspected

Item		Comments				
1.	Maintenance access to pretreatment facility	0	1	2	3	N/A
2.	Excessive trash/debris/sediment	0	1	2	3	N/A
3.	Evidence of standing water	<input type="checkbox"/>				
a.	Ponding	<input type="checkbox"/>				
b.	Noticeable odors	<input type="checkbox"/>				
c.	Water stains	<input type="checkbox"/>				
d.	Presence of algae or floating aquatic vegetation	<input type="checkbox"/>				
4.	Evidence of clogging	0	1	2	3	N/A
5.	Dead vegetation/exposed soil	0	1	2	3	N/A
6.	Evidence of erosion	0	1	2	3	N/A

C. Inlets

<input type="checkbox"/>	Inspected
<input type="checkbox"/>	Not Inspected

Item		Comments				
1.	Inlets provide stable conveyance into facility	0	1	2	3	N/A
2.	Excessive trash/debris/sediment accumulation at inlet	0	1	2	3	N/A
3.	Evidence of erosion at/around inlet	0	1	2	3	N/A

D. Facility

<input type="checkbox"/>	Inspected
<input type="checkbox"/>	Not Inspected

Item		Comments				
1.	Maintenance access to facility	0	1	2	3	N/A
2.	Condition of structural components	0	1	2	3	N/A
3.	Condition of hydraulic control components	0	1	2	3	N/A
4.	Excessive trash/debris/sediment	0	1	2	3	N/A
5.	Evidence of erosion	0	1	2	3	N/A
6.	Evidence of oil/chemical accumulation	0	1	2	3	N/A
7.	Evidence of standing water:	<input type="checkbox"/>				
a.	Ponding	<input type="checkbox"/>				
b.	Noticeable odors	<input type="checkbox"/>				
c.	Water stains	<input type="checkbox"/>				
d.	Presence of algae or floating aquatic vegetation	<input type="checkbox"/>				

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8.	Underdrain system (if equipped)	0	1	2	3	N/A
	a. Broken	<input type="checkbox"/>				
	b. Clogged	<input type="checkbox"/>				
9.	Vegetation	0	1	2	3	N/A
	a. Plant composition consistent with approved plans	0	1	2	3	N/A
	b. Presence of invasive species/weeds	0	1	2	3	N/A
	c. Dead vegetation/exposed soil	0	1	2	3	N/A

E. Outlets						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
	Item					Comments
1.	Outlets provide stable conveyance out of facility	0	1	2	3	N/A
2.	Excessive trash/debris/sediment accumulation at inlet	0	1	2	3	N/A
3.	Evidence of erosion at/around inlet	0	1	2	3	N/A

F. Miscellaneous						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
	Item					Comments
1.	Complaints from local residents	0	1	2	3	N/A
2.	Mosquito proliferation	0	1	2	3	N/A
3.	Encroachment on facility or easement by buildings or other structures	0	1	2	3	N/A

Inspector's Summary:						

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Sketch of Facility

(note problem areas)

